



# CITY OF LEOMINSTER

Board of Health

25 WEST STREET – SUITE 9

LEOMINSTER, MASSACHUSETTS 01453

Telephone (978) 534-7533, FAX (978) 534-8416

Christopher Knuth  
Director

## APPLICATION FOR TANNING FACILITY LICENSE

**FEE: \$100**

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Owner(s) Name \_\_\_\_\_

Owners Address \_\_\_\_\_

Owners Telephone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Proposed Hours Of Operation: \_\_\_\_\_

### **Tanning Device(s)**

Type, Model #, Manufacturer, Model Year and Serial Number Of Each Device

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Give the names and addresses of three professional or business men or women of whom inquiry can be Made for further information regarding your character and and fitness to be licensed to carry on the Business for which you have made application.

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**PROVIDE:**

- 1) A Copy of the consent form to be used by the facility in fulfilling the requirements of the Mass General Law 105 CMR 123.003 (D) (2) and (3)
- 2) A Copy of the operating and safety procedures to be followed in the operation of the facility and Tanning devices.

*I the undersigned have received , read and understand the requirements of 105 CMR 123.000*

Signature \_\_\_\_\_ Date \_\_\_\_\_